

TEEN SOCIAL HISTORY

CLIENT'S NAME: _____

DOB: _____

DATE: _____

HOUSEHOLD COMPOSITION:

NAME	AGE	RELATION TO CLIENT	CAREER
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CONCERNS:

THEORY REGARDING CONCERNS:

PREVIOUS HELP FOR CONCERN:

STRATEGIES TRIED TO ADDRESS CONCERN/ISSUE(S):

INTERESTS, HOBBIES, PLAY HISTORY:

TALENTS:

SCHOOL/ACADEMIC FUNCTIONING:

SCHOOL: _____ PHONE #: _____

TEACHER: _____ GRADE: _____

GRADES: _____ BEST: _____ WORST: _____

BEHAVIOR/SOCIAL CONCERNS:

FRIENDSHIPS: (NUMBER, BEST, QUALITY OF INTERACTIVE PLAY)

PAST OR PRESENT TRAUMA OR ABUSE:

DATING HISTORY (CURRENT AND PAST) :

WHAT DO YOU LIKE ABOUT YOUR YOURSELF?

INTERESTS AND HOBBIES:

SUPPORT NETWORK:

RELIGIOUS/SPIRITUAL BELIEFS:

MEDICAL HISTORY

PRIMARY DOCTOR: _____ **PHONE#:** _____

MEDICATIONS(NAME,DOSAGE, SIDE EFFECTS):

MEDICAL CONDITIONS, INJURIES, HOSPITALIZATIONS?

ALLERGIES: _____

ALCOHOL AND DRUG USAGE, PAST AND PRESENT (TYPE, QUANTITY):

DIET AND EXERCISE HABITS:

PSYCHOLOGICAL HISTORY (DIAGNOSIS, MEDS, FAMILY HISTORY):

HEALTH AS A CHILD:

LEGAL ISSUES (PAST OR PRESENT):

SUMMARY OF CURRENT STRESSORS/ISSUES:

COUNSELING GOALS:

1.

2.

3.
